



DECLARATION

As a below named inventor, I declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: An apparatus for the surface working of a workpiece as well as the use of the apparatus for the blasting of bore walls, the specification of which _____ is attached hereto or X was filed on October 30, 2003 as Application No. 10/699,601 and was amended on _____ (if applicable).

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56. I claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

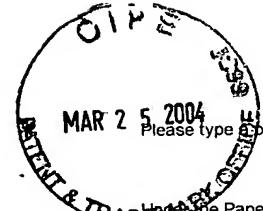
Prior Foreign Application(s)

Country	Application No.	Date of Filing	Priority Claimed Under 35 USC 119
Europe	02405936.2	November 1, 2002	

Full Name of Inventor 1:	Last Name: SCHUPPISSE	First Name: Beat	Middle Name or Initial:
Residence & Citizenship:	City: CH-8500 Frauenfeld	State/Foreign Country: Switzerland	Country of Citizenship: Switzerland
Post Office Address:	Post Office Address: Sulackerstrasse 5A	City: CH-8500 Frauenfeld	State/Country: CH Postal Code: CH-8500
Full Name of Inventor 2:	Last Name: LOGEL	First Name: Jean-Claude	Middle Name or Initial:
Residence & Citizenship:	City: F-67610 La Wantzenau	State/Foreign Country: France	Country of Citizenship: France
Post Office Address:	Post Office Address: 13 rue de Limoges	City: F-67610 La Wantzenau	State/Country: F Postal Code: F-67610
Full Name of Inventor 3:	Last Name: KLOTZ	First Name: Beatrice	Middle Name or Initial:
Residence & Citizenship:	City: F-67170 Brumath	State/Foreign Country: France	Country of Citizenship: France
Post Office Address:	Post Office Address: 12 Allee des Acacias	City: F-67170 Brumath	State/Country: F Postal Code: F-67170
Full Name of Inventor 4:	Last Name: KOENIG	First Name: Holger	Middle Name or Initial:
Residence & Citizenship:	City: D-72108	State/Foreign Country: Germany	Country of Citizenship: Germany
Post Office Address:	Post Office Address: Rottenburgerstrasse 29	City: D-72108 Oberndorf/Rottenburg	State/Country: D Postal Code: D-72108

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 1 	Signature of Inventor 2 	Signature of Inventor 3 	Signature of Inventor 4
Date 21.11.2003	Date 31/10/03	Date 31/10/03.	Date 7.10.03



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PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	10/699,601
	Filing Date	October 30, 2003
	First Named Inventor	Beat SCHUPPISER
	Title	An apparatus for the return of lubricant for a refrigeration machine
	Group Art Unit	3744
	Examiner Name	Unassigned
Attorney Docket Number	015258-061600US	

I hereby appoint:

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Address			
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Country			
Telephone		Fax	

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Beat SCHUPPISER
Signature	<i>B. Schuppiser</i>
Date	27.11.2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required, see below*.

*Total of 4 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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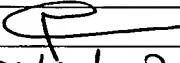
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Name	Jean-Claude LOGEL
Signature	
Date	31/10/03

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Name	Beatrice KLOTZ
Signature	31/10/03 <i>PKL</i>
Date	31/10/03

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Name	Holger KOENIG
Signature	
Date	7.10.03

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